

## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: METHOD AND DEVICE FOR  
MANUFACTURING A STRUCTURED  
PACKING CORRUGATION, AND  
CORRESPONDING FLUID-TREATMENT  
APPARATUS  
Attorney Docket Number:: 0503-1004  
Request for Early  
Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-CLAUDE  
Middle Name::  
Family Name:: BEAUVOIS  
City of Residence:: CHAMPIGNY SUR MARNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 4, RUE DES VETERANS  
  
City of Mailing Address:: CHAMPIGNY SUR MARNE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 94500

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: SON HA  
Middle Name::  
Family Name:: GIANG  
City of Residence:: SUCY EN BRIE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 23, PLACE SAINTE BERNADETTE  
  
City of Mailing Address:: SUCY EN BRIE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 94370

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GILLES  
Middle Name::  
Family Name:: LEBAIN  
City of Residence:: VILLEJUIF  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 4, AVENUE LOUIS BLERIOT

City of Mailing Address:: VILLEJUIF  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 94800

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ETIENNE  
Middle Name::  
Family Name:: WERLEN  
City of Residence:: PARIS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 85 BOULEVARD PASTEUR

City of Mailing Address:: PARIS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75015

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0101805	2/9/01	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::